

# APPEALS FOR REMARKING FORM

- Note:**
1. A student is required to submit a formal application of appeal through the Examination Unit Officer within three (3) days after the results are released.
  2. The application must be accompanied by payment of RM50.00 per course appealed and submit to Examination Unit.

**PART A: FOR COMPLETION BY STUDENT**

Name :

IC/ Passport No. : 



 Student ID No :

Programme / Group : \_\_\_\_\_

**PART B: COURSE APPEAL DETAILS**

No	Course Code	Course Name	Grade Obtained	Reason / Ground of Appeal

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART C: FINANCE DEPARTMENT**

Fees Payment: RM 50.00 per course

No of Course (s) Appealed: \_\_\_\_\_

Total Payment : RM \_\_\_\_\_

Signature & Official Stamp:  
  
Date:

(Remarks):

**PART D: ACKNOWLEDGE RECEIPT FROM EXAMINATION UNIT**

Date Form of Appeal Received: \_\_\_\_\_ Processing Officer: \_\_\_\_\_

Signature & Official Stamp:  
  
Date:

(Remarks):

Date Form Forwarded to Registrar: \_\_\_\_\_

**PART E: ACKNOWLEDGE RECEIPT FROM REGISTRAR**

Date Form of Appeal Received: \_\_\_\_\_ Examination Unit Officer: \_\_\_\_\_

Signature & Official Stamp:  
  
Date:

(Remarks):

Date Form Forwarded to Programme Coordinator: \_\_\_\_\_

**PART F: ACKNOWLEDGE RECEIPT FROM PROGRAMME COORDINATOR**

Date Form of Appeal Received: \_\_\_\_\_

Registrar: \_\_\_\_\_

(Remarks):

Signature &amp; Official Stamp:

Date:

Date Form Forwarded to Examiner: \_\_\_\_\_

**PART G: TO BE COMPLETED BY PROGRAMME COORDINATOR**

Date of Notification to Examiner	Acknowledge Receipt by Examiner	Course Code	Mark Changes	Remarks
	Examiner's Name:  Signature & Official Stamp:  Date:	<b>COURSE 1</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No From: <input type="text"/> To: <input type="text"/> Finalised Grade <input type="text"/>	
	Examiner's Name:  Signature & Official Stamp:  Date:	<b>COURSE 2</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No From: <input type="text"/> To: <input type="text"/> Finalised Grade <input type="text"/>	
	Examiner's Name:  Signature & Official Stamp:  Date:	<b>COURSE 1</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No From: <input type="text"/> To: <input type="text"/> Finalised Grade <input type="text"/>	
	Examiner's Name:  Signature & Official Stamp:  Date:	<b>COURSE 2</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No From: <input type="text"/> To: <input type="text"/> Finalised Grade <input type="text"/>	

**PART H: RECOMMENDATION BY DEAN/HEAD OF FACULTY**

COURSE 1	COURSE 2	COURSE 3	COURSE 4
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
(Remarks):		Signature & Official Stamp:	
		Date:	

**PART I: APPROVAL BY VICE CHANCELLOR**

COURSE 1	COURSE 2	COURSE 3	COURSE 4
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
(Remarks):		Signature & Official Stamp:	
		Date:	

**PART J: ACKNOWLEDGE RECEIPT BY EXAMINATION UNIT / FINANCE DEPARTMENT**

ACKNOWLEDGE RECEIPT BY EXAMINATION UNIT	ACKNOWLEDGE RECEIPT BY FINANCE DEPARTMENT
<input type="checkbox"/> Issue Letter to Student <input type="checkbox"/> Issue New Examination Result Slip <input type="checkbox"/> Notify Finance Department for Refund (if Any)	<input type="checkbox"/> Fee Returned Total Refund :                      RM _____
(Remarks):	(Remarks):
Signature & Official Stamp:	Signature & Official Stamp:
Date:	Date: